



Innovative Benefits Solutions

**Educational Status Update**

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Company Name (Employer) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Group Number \_\_\_\_\_

Cardholder's Number \_\_\_\_\_

I HEREBY CONFIRM that \_\_\_\_\_, dependent of the above mentioned cardholder is attending \_\_\_\_\_ on a full-time basis from \_\_\_\_\_ to \_\_\_\_\_

**DECLARATION:** The undersigned each declare that all information and statements in this educational status update form are true and complete. Each of the Employer and the Cardholder are responsible for informing Quikcard Solutions Inc. of any inaccuracy or change in the information provided on this form or the discontinuation of schooling for the above mentioned dependent. The information requested on this form is required for benefit administration purposes. For more information consult Quikcard's privacy policy at [www.quikcard.com/privacy-policy/](http://www.quikcard.com/privacy-policy/) or contact Quikcard by phone or mail

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date